



Vocational Rehabilitation Transition Services Consent and Information Release

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Note to Parent or Guardian:

Your signature on this form gives permission for Vocational Rehabilitation (Voc Rehab) staff to receive education records and information regarding the student named below from the school named below to determine if he or she is eligible to receive transition services from Voc Rehab. If eligible, your son, daughter, or ward will receive assistance in planning for work or training after their graduation from high school. Voc Rehab is a joint state and federally funded program of the Nebraska Department of Education and works in cooperation with Nebraska high schools. There is no cost to you for the services your son, daughter or ward may receive. We look forward to working with your student and hope to have an opportunity to talk to you in the near future.

Student name				NDE Student ID	
School			School Contact name		
Date of birth	Social Security Number	Grade	Expected graduation date		Home phone
Student address		City	ZIP		
Parent, guardian or representative name			Signator phone: Work _____ Home _____ Cell _____		
Parent, guardian or representative address (if different than student)			City		ZIP
Parent, guardian or representative e-mail address					

I give Vocational Rehabilitation permission to help my student plan for the future. This may include help to:

- Participate in Career Exploration Activities.
- Learn habits, attitudes, and behaviors for work.
- Learn skills for adult living.
- Take part in community work experiences.
- Learn about his or her strengths, abilities, and capabilities for work and adult living.
- Identify goals for work and adult living.
- Learn language, mathematics, and reasoning skills for work.

I give the above school permission to release all records about my child to Vocational Rehabilitation, including but not limited to:

- School Multidisciplinary Team Report.
- Individual Education Program (IEP).
- Psychological Evaluations and reports.
- Work experience information and records.
- School cumulative grade records, including standardized test results.
- School grades and progress reports.

I give my consent for Vocational Rehabilitation to exchange information with authorized school staff and/or non-school personnel, such as mentors and Assistive Technology specialists who have been assigned to assist my child. If eligible for services, I give permission for the student named above to receive Transition services, apply for and receive services in VR's Employment Program, and to participate in the development of an Individualized Plan for Employment (IPE). In addition Voc Rehab can exchange information with the following persons, programs, or agencies serving my child:

Vocational Rehabilitation will not re-release the education records it receives from the above named school to any other person, program, or agency without my written consent unless it is required by law.

I may end this consent at any time by providing Voc Rehab a signed and dated statement to that effect. In any event, it will end one year from the date my child no longer receives VR services.

X Parent, guardian, or representative Date	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Guardian <input type="checkbox"/> Professional caregiver <input type="checkbox"/> Other, please specify _____
	X Student Date